



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
BARBERING AND COSMETOLOGY PROGRAM
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
COMMISSIONER

TRAINEE AFFIDAVIT – AESTHETICIAN

TRAINEE NAME: _____ Trainee License Number: _____

Initial Registration Date: _____ Expiration Date: _____

Qualified Supervisor: _____ Supervisor's License Number: _____

Check If Applicable: ☐ Completion of Trainee Program ☐ Discontinue Training
Date: _____ Date: _____

CREDIT GRANTED FOR INSTRUCTION AND TRAINING IN THIS TRAINING LOCATION

Courses	Hours	Operations	Courses	Hours	Operations
Shop/Business management			Superfluous hair removal		
Physiology and histology of skin, skin disorders, skin analysis, health & nutrition of the skin			Skin treatments without use of machines, skin treatment with use of machines		
Anatomy, Chemistry, bacteriology, cells, metabolism and body, hygiene system, human anatomy			Electricity, machines and apparatus		
Sterilization and sanitation			Makeup techniques		
Cleansing the skin and client preparation			History of skin care and the use of cosmetics		
Massage techniques, mask therapy in facial treatments			Psychology and human relations		
Testing and evaluation			Unassigned; laws and rules		
				Total Training Hours	

I, as the Qualified Supervisor, hereby certify that instruction and training as contained in this affidavit was provided and received by the above named Trainee and was satisfactory. The training and instruction provided to this trainee is in accordance with applicable rules established by the Barbering and Cosmetology Program.

Direct Supervisor

Signature of Trainee

Date



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GERALDINE L. BETTS, ADMINISTRATOR
PHONE: (207) 624-8625
EMAIL:
GERALDINE.L.BETTS@MAINE.GOV

INTERNET:
www.maine.gov/professionallicensing

Clerk (207) 624-8621
Main Receptionist (207) 624-8603
HEARING IMPAIRED/TTY 1-888-577-6690
FAX: (207) 624-8637

OFFICE LOCATION:
GARDINER ANNEX
76 NORTHERN AVENUE, GARDINER, MAINE